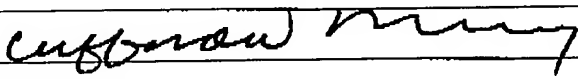



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WEMMH/SB/21 (4/03)

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/086,213	
	Filing Date	February 28, 2002	
	First Named Inventor	Christopher MORGAN	
	Group Art Unit	1641	
	Examiner Name	Gailene Gabel	
Total Number of Pages in this Submission	27	Attorney Docket Number	16629-3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 3 months	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Clifford W. Browning Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature		
Date	August 8, 2005	

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Typed or printed name	Clifford W. Browning, Reg. No. 32,201		
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**FEE TRANSMITTAL  
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☒ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**510.00****Complete if Known**

Application Number	10/086,213	<b>RECEIVED</b>
Filing Date	February 28, 2002	<b>CENTRAL FAX CENTER</b>
First Named Inventor	Christopher MORGAN	
Group Art Unit	1641	<b>AUG 08 2005</b>
Examiner Name	Gailene Gabel	
Attorney Docket Number	16629-3	

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):☐ Deposit Account: Deposit Account Number **23-3030** Deposit Account Name **Woodard, Emhardt, Moriarty, McNatt & Henry LLP**

See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) Small Entity Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

20 - 67 = 0 x 25 = (\$)**0**

Fee Fee Paid (\$)

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

360 \$ 0

1 - 7 = 0 x 100 = (\$)**0**

(HP = highest number of independent claims paid for, if greater than 3)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

-100 = / 50 = (round up to a whole number) x =

0

**4. OTHER FEE(S)**


Fee Paid (\$)

Non-English Specification.

0

Other: 3 mo. Extension of time/ Small Entity \$510.00

**SUBMITTED BY:**

Name (Print/Type):	Clifford W. Browning	Registration No.: (Attorney/Agent)	32,201	Telephone:	(317) 634-3456
Signature:				Date:	August 8, 2005

**CERTIFICATE OF MAILING OR TRANSMISSION**

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Name (Print/Type)	Sandra L. Stolz	Date	August 8, 2005
Signature	